

## **COMMUNITY & ECONOMIC DEVELOPMENT**

3130 East Main St., Springfield, OH 45503, Suite 1A | Phone: 937.521.2160 | Email: communitydevelopment@clarkcountyohio.gov

## STRUCTURE DEMOLITION APPLICATION FORM

PLEASE PRINT OR TYPE

APPLICATION NO:\_\_\_\_

4 PRO IEST INFORMATION	A building parmit will accordingly demolition of interior wells and
1. PROJECT INFORMATION	A building permit will cover simple demolition of interior walls and structural bearing walls and there is <b>no</b> need of a separate
☐ Commercial ☐ Residential	Demolition Permit.
Project Address	Provide, but not limited to, the following; Site-plan: show construction / demolition limits, location of
City, Village, or Township	construction fences, barriers, railings, and walkways etc.
	(can be copied from Clark County GIS)
City/State/Zip Code	Occupancy: Indicate whether the building or facility is to be remain open to the public, be occupied or vacant during
Square Footage	demolition, alteration, or remodeling. Show details of any
	proposed temporary construction (walls, roofs, walkways, fences, barriers, railing, etc.). Show method of securing
2. PROPERTY OWNER	temporary construction to resist any anticipated loads.
Name	(gravity, wind, snow, etc.). Method of maintaining / providing egress, egress-lighting, exit-signage, Fire Protection
Phone	Systems. (fire-alarm, sprinklers sys, etc.)
Address	Utilities: Indicate disconnection of utilities – water, sewer,
City, State, Zip Code	electric, gas, if necessary.  Environmental: Verify asbestos testing and removal has
Phone	been accomplished in accordance with all Ohio EPA
E-Mail	standards. Verify ground-water pollution has been mitigated, i.e. buried oil and gas tanks. Comply with all Ohio EPA
	requirements.
3. CONTRACTOR	Traffic control: contact local city, county or state engineer for the necessary traffic control permits. Indicate methods of
Contact Person	protecting adjacent property.
Company Name	Inspections: Request an inspection when all utilities have been terminated prior to demolition. Request a final
Address	inspection when the structure has been removed and the
City, State, Zip Code	excavation has been backfilled.
Phone	OFFICE USE ONLY
E-Mail	OTTIOE GOE GIVET
4. APPLICANT	RESIDENTIAL COMMERCIAL
Contact Person	Application Fee \$20 Application Fee \$100
Company Name	Inspection Fees \$135 Inspection Fees \$135
Address	1 % OBBS State Fee 3 % OBBS State Fee
City, State, Zip Code	FEES MUST BE PAID IN FULL UPFRONT AND ARE NONREFUNDABLE OR NONTRANSFERABLE.
Phone	Received: Counter Mail Fax E-mail
E-Mail	
I hereby certify that I am the Owner of Record or that I have been	DateIntake Person
authorized by the Owner to make this application as his Agent, and that we agree to conform to ALL laws of the County and the State, and that all	Plans Reviewed byDate
information on this application is truthful to the best of my knowledge. I also	Plane Approved by
understand that UPFRONT FEES ARE NON-REFUNDABLE AND NONTRANSFERABLE.	Plans Approved by
Applicant Signature	Date
Apprount dignature	Notified Permit ready byDate
Date	, ,